

Lexington Board of Health

1625 Mass. Ave., Lexington, MA 02420
(781) 698-4533

TOBACCO SALES PERMIT APPLICATION - \$200 permit fee due 2/1/17

General Information

Date: _____ MA Dept. of Revenue Tobacco License #: _____

Business Name & Address: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____

Owner/Operator: _____ New Owner: YES NO

Address: _____ Phone: _____

E-mail Address: _____

Type of Establishment: (please circle)

| | | | |
|------------------|-----------------------|----------------------|-------------|
| Gas Station Only | Gas Station/Mini Mart | Package/Liquor Store | Hotel/Motel |
| Food Service | Retail Food Service | Retail | Pharmacy |
| Lounge/Bar | Other _____ | | |

If corporation or partnership, include Name, Title, Address and Phone # or partners

| Name | Title | Home Address/Phone |
|------|-------|--------------------|
|------|-------|--------------------|

State of Incorporation

Name and address of local agent

Signature

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

Signature of Individual or Corporate Officer

SS# or FID#

For Board of Health Use Only

Date Received: _____

Fee Received: _____

Employee Statement Form(s) Received: _____

Permit #: _____